

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically



CHARGE TO: Charter Energy
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET **36313**

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays
 2. Ness City
 3. _____
 4. _____

WELL/PROJECT NO. _____
 LEASE Yost Timmons
 COUNTY/PARISH Rice
 RIG NAME/NO. _____
 STATE Ks CITY _____
 TICKET TYPE SERVICE SALES
 CONTRACTOR Professional
 WELL CATEGORY Workover JOB PURPOSE Pre-Through csg
 WELL TYPE Oil WELL PERMIT NO. _____
 INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY. U/M		UNIT PRICE	AMOUNT
		LOC	ACCT		DF			
<u>575</u>				<u>MILEAGE TRC - 111</u>	<u>70</u>	<u>Mi</u>	<u>8.00</u>	<u>560.00</u>
<u>576P</u>				<u>Pump Charge - PTA 6-31-23</u>	<u>1</u>	<u>EA</u>	<u>1200.00</u>	<u>1200.00</u>
<u>576P</u>				<u>Pump Charge Pta - 8-1-23</u>	<u>1</u>	<u>EA</u>	<u>1200.00</u>	<u>1200.00</u>
<u>840</u>				<u>D-Air</u>	<u>2</u>	<u>box</u>	<u>42.00</u>	<u>84.00</u>
<u>325</u>				<u>STANDARD CONVERT</u>	<u>100</u>	<u>SX</u>	<u>16.00</u>	<u>1600.00</u>
<u>278</u>				<u>Calcium Chloride</u>	<u>3</u>	<u>SX</u>	<u>55.00</u>	<u>165.00</u>
<u>328-4</u>				<u>60/40 POTMIX 40% SOL</u>	<u>80</u>	<u>15X</u>	<u>13.00</u>	<u>1040.00</u>
<u>581</u>				<u>Service charge OMT</u>	<u>180</u>	<u>15X</u>	<u>2.00</u>	<u>360.00</u>
<u>583</u>				<u>Drayage</u>	<u>560</u>	<u>m</u>	<u>1.00</u>	<u>560.00</u>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
X

DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			

ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND YES NO

TOTAL 7976.68

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR David Erickson APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE
8-31-23
TICKET NO.
36313

CUSTOMER

Charted Energy #1

WELL NO.

#1

LEASE

Yost-Timmons

JOB TYPE

PTA

CHART NO.

TIME

RATE (BPM)

VOLUME (BBL) (GAL)

PUMPS

T

C

PRESSURE (PSI)

TUBING

CASING

DESCRIPTION OF OPERATION AND MATERIALS

1200

on location

Plug through 5 1/2

4 10

350

1st Plug - 1050'
pump 50 sx STD w/ 2% cc

Pull csg to 725'
Done for the Day

8-1-23

TAG cement @ 850'

4 10

200

2nd plug - 725'
pump 50 sx STD w/ 2% cc

4 20

100

3rd plug @ 310'
pump 75 sx 60/40 4%
to Circ to surf.

Trip All the way out

1 2

0

TOP OFF 8 5/8 - 5 sx

THANKS

David, Seth & Brent